

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-1020.M2

October 7, 2002

REVISED CORRESPONDENCE AND MEDICAL CASE REVIEW

Re: Medical Dispute Resolution
MDR #: M2-02-0894-01
IRO Certificate No.: I RO 5055

Dear

The following Medical Case Review is to correct the review dated 09/23/02, mailed to you on 09/25/02. The original review incorrectly stated your date of injury as _____. The following report accurately reports your date of injury as _____.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Orthopedic Surgery.

**The reviewer AGREES with the determination of the insurance carrier.
The reviewer is of the opinion that the Lumbar Diskogram with CAT
Scan is NOT MEDICALLY NECESSARY.**

I am the Secretary and General Counsel of _____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by _____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of

Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 28th day of June 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0894-01, in the area of Orthopedics. The following documents were presented and reviewed:

A. **MEDICAL INFORMATION REVIEWED:**

1. Letter of denial for the diskogram from the insurance company, dated 5/24/02 and similar letters on other dates.
2. Designated doctor exam by _____.
3. IME by _____, suggesting no further surgical intervention or treatment.
4. _____ letter of request for the lumbar diskogram.

5. ____ note, who recommended spinal fusion.
6. Follow-up notes by ____.
7. Work rehabilitation and work hardening notes.
8. EMG done 11/20/00, which shows "possible lumbosacral root irritation/ radiculopathy at L-5 on the right.
9. Functional capacity evaluation.
10. Total body bone scan which shows arthritic changes in the knee.
11. Lumbar myelogram done 6/14/01 showing minimal ventral defect at L4-5 and no other findings.
12. Lumbar spine films which are negative.
13. CAT scan which shows a small central disk protrusion at L5-S1.
14. ESI operative notes.
15. MRI of the lumbar spine which shows degeneration and shallow bulging of the L-5 disk.

B. BRIEF CLINICAL HISTORY:

This is a 40-year-old man who was injured on ____, injuring his low back. He bent over to pick up a piece of 2-inch pipe. He has had epidural steroid injections. He has had anti-inflammatories, analgesics, physical therapy, work hardening, and general conservative low back management. He is not improved as per the chart.

C. DISPUTED SERVICES:

Lumbar diskogram with CAT scan.

D. DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE IN THAT LUMBAR DISKOGRAM WITH CAT SCAN IS NOT MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

1. Lumbar diskograms have equivocal results.
2. The patient has no objective neurological findings and would not be a candidate for a surgical procedure.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation

as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 4 October 2002